FIEGETVED GENTRAL FAX GENTER

## **FACSIMILE COVER SHEET**

FEB 2 3 2004

Date:

February 19, 2004

To:

Commissioner for Patents

Fax No:

(703) 872-9306

From:

David W. Okey

Tel. No:

(312) 321-4711

Client No:

12361

No. of Pages

(inc. this page):

2

Confirmation Copy To Follow:

Yes 🗌 No 🛛

IF YOU HAVE ANY PROBLEMS RECEIVING THIS MESSAGE, PLEASE CALL 312-321-4200 AND ASK FOR: Maria Davidson-Perry, Ext. 4344

OFFCIAL

BRINKS HOFER GILSON & LIONE

A Professional Corporation Intellectual Property Attorneys

NBC Tower - Suite 3600 455 N. Cityfront Plaza Drive Chicago, Illinois 60611-5599 Facsimile 312-321-4299 Telephone 312-321-4200

San Jose, CA Indianapolis, IN Ann Arbor, MI Arlington, VA

THIS MESSAGE IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. IT MAY CONTAIN PRIVILEGED, CONFIDENTIAL, ATTORNEY WORK PRODUCT, OR TRADE SECRET INFORMATION WHICH IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU ARE NOT THE INTENDED RECIPIENT, OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE (AND ALL COPIES) TO US BY MAIL AT THE ABOVE ADDRESS. WE WILL REIMBURSE YOU FOR POSTAGE.

## **COVER MESSAGE:**

10/663,717

BGH & L.

Please change the Correspondence Address for the above identified

PTO/SB/122 (10-01)
Approved for use through 10/31/2002. QM8 0551-0035
U.S. Palent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

P.02

	Application Number	10/663,717	)
CHANGE OF CORRESPONDENCE ADDRESS Application	Filing Date	September 17, 2003	
	First Named Inventor  Art Unit	Steven J. Savage	HIVED
:		•	an Center Fax Center
Address to: Commissioner for Patents	Examiner Name	N/A FEB	2 3 2004
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	818-109A	FICIAI

application to	ó:						0	
⊠ Custor	ner Numb		- Brinks Hofer Gi	Ison L	ione	-	Nur	ace Customer nber Bar Code Label here
OR								
Firm or	al Name							
Address								·
Address				_				· · · · · · · · · · · · · · · · · · ·
City				State	<u> </u>		Zip	
Country								
Telephone				1	Fax			<del></del>
Signature &  Date  NOTE: Signatu	Applicant/li Assignee of Statement Attorney or Registered of dexecuted of ld C. Casey	of record of the under 37 CFR r Agent of record practitioner national or declaration. Registration	named in the application ation. See 37 CFR 1.33 n No. 24,022	ı transmi i(a)(1).	ittal let Registi	ter in an app ration Numb	er	
multiple forms if	more than one	è signature is req	quired, see below."	·				
•Total of	forms	are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patenta, P.O. Box 1450. Alexandra, VA 22313-1450.